

DEMOLITION PROJECT
REQUIREMENTS
Building Permits Division
435-627-4111



The following check list must be completed on all demolition projects and returned to the city with your permit application.

- Contact a state certified asbestos inspector to complete an assessment of the structure(s).
Local contacts for asbestos inspections: Michael Amundsen 435-467-1583
 Paul Sullivan 435-680-3064
- If asbestos is present, follow the specific guidelines of the Utah Division of Air Quality.
This information is located within the enclosed Renovation / Demolition packet.
- Submit application with the Utah Division of Air Quality. **(See attached form)**
- If no asbestos is present and there is no disturbance of load bearing members within the structure(s) the state does not require a permit, however a permit must be obtained through the city. **(See attached form)**
Include copies of all documentation with this submittal.
- Make application with the Washington County Solid Waste. **(See attached form)**
- Contact Neil Schwendiman of Washington County Solid Waste (435-673-2813) for a walk-thru inspection after asbestos removal or before demolition. **(See attached information for Demolition Disposal and Asbestos Waste Profile Sheet)**
- A permit must be obtained by a licensed contractor from the Building Permits Division prior to the startup of demolition activities.** All forms including an asbestos inspection and the Asbestos Waste Profile Sheet must be completed and submitted to the city.
- Schedule a demolition site inspection with the St. George Building Permits Division, a minimum of 24 hours¹ in advance of the demolition start up. (435-627-4111)

OFFICE USE ONLY

- Asbestos Inspection
- Utah Division Air Quality Application (\$50)
- Wash County Solid Waste & Asbestos Waste Profile Application
- City of St. George Air Quality Demolition Application
- Site Inspection with Neil Schwendiman of WCSW
- Obtain Permit from St. George City Building Permits Office (\$100)
- Schedule Site Inspection 24 Hours in Advance of Demolition



UTAH DIVISION OF AIR QUALITY

195 North 1950 West, 4th Floor
P.O. Box 144820
Salt Lake City, UT 84114-4820

Postmark Date: _____
Initials: _____
Fee Received: _____
Check Number: _____

10 WORKING-DAY NOTIFICATION OF DEMOLITION - no asbestos removed, no intentional burning

1 Fee \$50 +\$25 for each 5,000 sq. ft. of floor space above 5,000 sq. ft. \$ _____

See fee calculator at www.deq.utah.gov/eqair/haps/asbestos/index.htm

2 Facility Name _____

Address _____

City _____ County _____ Zip Code _____

Part of Facility Involved,(e.g. floor #, room #, area etc.) _____

Age of Facility _____ Size _____ # of Floors _____

Present use _____ Prior Use _____

3 Facility Owner/Operator Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone Number _____

4 Demolition Contractor Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone _____

5 Dates of Demolition Start Date _____ Ending Date _____

6 Asbestos Inspection Information Date of Inspection _____

Name of Utah Certified Inspector _____ ID Number _____

Name of Utah Certified Asbestos Company _____ ID Number _____

Analytical Method used for asbestos analysis _____

Is asbestos present? _____ Was it sampled or assumed? _____

7 Asbestos Containing Material to be left in the facility during demolition, (list types and amounts).

roofing _____ flooring _____ other _____

8 Description of procedures to be followed in the event that unexpected RACM is found or generated during the project. _____

attach additional sheets as necessary

9 I certify that the all the information in this notification is true and correct.
Signature of Owner/Operator _____ Date _____
Print name and title of Owner/Operator _____

OFFICIAL USE ONLY!

Date Accepted _____ Date Rejected _____

Acts #: _____ Reviewers Initials _____

Rejection Comments: _____

City of St. George / Air Quality Demolition Application

Project Name: _____

Address/Location: _____

Demolition Contractor: _____ Business Address: _____

City Business License # _____ Demolition Contractor License #: _____

On Site Contact Person _____ Estimated Start Date: _____

Office Phone # _____ Mobile Phone # _____

DUST CONTROL METHODS:

Implementation of dust suppression measures shall be conducted prior to the start up of operations. Measures to control dust shall continue until final stabilization of the site is completed.

Identify the method(s) to be used for dust control. **Pre-watering of the structure(s) is required**

- Fire hydrant with hand held water line
- Water Truck
- Other (Describe) _____

Commercial trucks transporting demolition materials on public roadways shall have a covering over the entire load to prevent materials from blowing, spilling, or otherwise escaping from the vehicle.

Scheduling an inspection of the site prior to the start up of activities is a requirement of this permit. Contact the Inspections Division at (435) 627-4141 or Air Quality at (435) 627-4128.

I agree to abide with the requirements of the City of St. George Air Quality Regulations.

Contractor / Applicant _____ Date _____

Official Use Only- City Review

Demolition Fee: \$100.00 / Code: 10-3/414

Date Paid with Receipt: _____

Additional requirements and/or special conditions: _____

Development Services Approval _____ Date _____

Washington County Solid Waste

Special Service District Number 1

325 North Landfill Road – Washington, Utah 84780 – Office (435) 673-2813 – Fax (435) 673-8332

Requirement needed for Demolition Disposal

Washington County Landfill

Contact Neil Schwendiman, Washington County Solid Waste, to schedule a walk through inspection. This is done after asbestos inspection but prior to demolition.

Complete and submit the following paperwork.

- a. Allied Waste Asbestos Profile Sheet
- b. Asbestos Inspection report provided from certified asbestos inspector
- c. If samples taken submit the analytical reports
- d. If asbestos is present must submit abatement paperwork. Must state where asbestos material was disposed.

Local contacts for asbestos inspections:

Paul Sullivan 680-3064

Michael Amundsen 467-1583

Submit all paperwork to Neil Schwendiman

Fax 435-673-8332 or Email wcsww@hi-speed.us

Once paperwork is received both Allied and Solid waste will sign the approval portion of the asbestos profile sheet. The signed profile sheet will then be faxed back.

A copy of all the paperwork must accompany the first driver each day the demolition will be delivered to the landfill. We cannot allow any demolition to be land filled until all paperwork is complete.

All loads must be tarped or loads will be subject to fines.



ASBESTOS WASTE PROFILE SHEET

Requested Disposal Facility: _____
an Allied Waste Company

Waste Profile #

I. GENERATOR INFORMATION

Date:

Generator Name:			
Generator Site Address:			
City:	County:	State:	Zip:
Generator Mailing Address (if different):			
City:	County:	State:	Zip:
Generator Contact Name:			
Phone Number:		Fax Number:	

II. CONTRACTOR/OPERATOR INFORMATION (IF APPLICABLE)

Contractor Company Name and Address:	Contact Name, Phone Number, and Fax Number
_____	Contact: _____
_____	Phone Number: _____
_____	Fax Number: _____

III. TRANSPORTATION INFORMATION

Method of Shipment:	<input type="checkbox"/> BULK	<input type="checkbox"/> DRUM	<input type="checkbox"/> BAGGED	<input type="checkbox"/> OTHER:
Frequency:	<input type="checkbox"/> ONE TIME	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> MONTHLY
	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> OTHER:	
Project Term:	Total Volume: _____ (cubic yards)			
Transporter Name and Address:	Contact Name, Phone Number, and Fax Number			
_____	Contact: _____			
_____	Phone Number: _____			
_____	Fax Number: _____			

IV. PHYSICAL CHARACTERISTICS OF WASTE:

Waste Description:
This Asbestos Waste is: <input type="checkbox"/> FRIABLE <input type="checkbox"/> NON-FRIABLE
This Asbestos Waste is from: <input type="checkbox"/> RENOVATION <input type="checkbox"/> DEMOLITION
Special Handling Instructions:
Asbestos content (if available): _____ ppm

V. GENERATOR CERTIFICATION

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate description of the waste material being offered for disposal. I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue. I further certify that the company has not altered the form or content of this profile sheet as provided by Allied Waste Industries, Inc.

AUTHORIZED REPRESENTATIVE NAME AND TITLE (Printed)	COMPANY NAME
_____	_____
AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
_____	_____

VI. ALLIED WASTE DECISION

Approved Rejected Expiration: _____

Conditions: _____

Name, Title	Signature	Date
_____	_____	_____